

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-018097

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

318
FILED APR 17 1963

1003

3970

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis, Mo.

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION D.O.A. Homer Phillips,Inside Limits
Yes ☐ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)
4847 HammettReside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First Albert

Middle

Last President

4. DATE OF DEATH

Month

Day

Year

4 - 2 - 63

5. SEX
Male6. COLOR OR RACE
Negro7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐8. DATE OF BIRTH
6/20/229. AGE (last birthday)
40IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Mississippi12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

H. President

13b. MOTHER'S MAIDEN NAME

Laura Essex

14. NAME OF HUSBAND OR WIFE

none

15. WAS DECEASED EVER IN U.S. ARMED FORCE
(Yes, no, or unknown) (If yes, give war or dates)
No

Y NO.

17. INFORMANT

Address

Doris Washington 5134 Northland

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary occlusion

DUE TO (b)

Arterio sclerosis

DUE TO (c)

4201

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Kelen L. Taylor, Coroner

1300 Clark Ave.

4-8-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
removal

23b. DATE

4/9/63

23c. NAME OF CEMETERY OR CREMATORY
Greenwood, Cemetery23d. LOCATION (City, town, or county)
St. Louis, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

3706

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Boyd Bros Funeral Home

Finney

APR 8 1963

Earl Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Herry C. Williams

Licensed Embalmer No. 4781

P. O. Address 1205 Walnut

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.